24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

| NAME OF COMMITTEE (In Full) RIGHT WAY SUPERPAC C C00620138 | Schedule E) | FOR SE OF FORM 24/48 | |
|---|--|------------------------------------|--|
| RIGHT WAY SUPERPAC C Coos20138 Check if | | <u> </u> | |
| Full Name of Payes Full Name of Payes AWARENESS ANALYTICS PARTNERS LLC Mailing Address 333 W NORTH AVE # 122 City State Zip Code CHICAGO IL 60610 Purpose of Expenditure MEDIA PLACEMENT Name of Payes Calendar Year-To-Date Per Election for Office Sought Full Name of Payes Mailing Address Amount City State Zip Code Category/ App 604 Paul ANTHONY GOSAR Paul ANTHONY GOSAR Calendar Year-To-Date Per Election for Office Sought City State Zip Code City State Zip Code Disbursement For: Winnary General Zolfo Other (specify) Name of Payee Date of Public Distribution/Dissemination Amount City State Zip Code Disbursement or Obligation Date of Public Distribution/Dissemination Amount City State Zip Code Disbursement or Obligation Date of Public Distribution/Dissemination Disbursement or Obligation Date of Public Distribution/Dissemination Disbursement or Obligation Date of Public Distribution/Dissemination Date of Disbursement or Obligation Date of Disbursement or | | | |
| Full Name of Payee AWARENESS ANALYTICS PARTNERS LLC Mailing Address 333 W NORTH AVE # 122 City State Zip Code CHICAGO IL 60610 Purpose of Expenditure MEDIA PLACEMENT Name of Federal Candidate PAUL ANTHONY GOSAR Calendar Year-To-Date Per Election for Office Sought City State Zip Code Clity Support Collegory Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Purpose of Expenditure Mailing Address Calendar Year-To-Date Per Election for Office Sought Calendar Year-To-Date Per Election for Office | | C C00620138 | |
| AWARENESS ANALYTICS PARTNERS LLC Mailing Address 333 W NORTH AVE # 122 City State Zip Code CHICAGO IL 60610 Purpose of Expenditure MEDIA PLACEMENT Name of Federal Candidate PAUL ANTHONY GOSAR Calendar Year-To-Date Per Election for Office Sought City State Zip Code Mailing Address Calendar Year-To-Date Per Election for Office Sought Category/ Type Date of Disbursement or Obligation Disbursement or Obligatio | Check if X 24-hour report 48-hour report X New report X Amends report filed on | | |
| Mailing Address 333 W NORTH AVE # 122 City State Zip Code CHICAGO IL 60610 Purpose of Expenditure MEDIA PLACEMENT Name of Federal Candidate PAUL ANTHONY GOSAR Calendar Year-To-Date Per Election for Office Sought City State Zip Code Date of Disbursement or Obligation Full Name of Payee Date of Disbursement or Obligation Date of Public Distribution/Dissemination Mailing Address Amount City State Zip Code Date of Public Distribution/Dissemination Date of Public Distribution/Dissemination Date of Disbursement or Obligation City State Zip Code Date of Disbursement or Obligation Date of Public Distribution/Dissemination Date of Disbursement or Obligation Date of Public Distribution/Dissemination The public Distribution Distribution/Dissemination The public Distribution/Dissemination The public Distribution/Dis | Full Name of Payee AWARENESS ANALYTICS PARTNERS LLC | M = M / D = D / Y = Y = Y | |
| City State Zip Code CHICAGO IL 60610 Purpose of Expenditure MEDIA PLACEMENT Name of Federal Candidate PAUL ANTHONY GOSAR Calendar Year-To-Date Per Election for Office Sought City State Zip Code Name of Federal Candidate Purpose of Expenditure Mailing Address Amount City State Zip Code Date of Disbursement or Obligation Date of Disbursement or Obligation Date of Disbursement For: Senate State: AZ Disbursement For: Primary General President Senate State: AZ Disbursement or Obligation City State Zip Code Name of Federal Candidate Date of Disbursement or Obligation Date of Disbursement or Obligation Date of Disbursement or Obligation City State Zip Code Date of Disbursement or Obligation Date of Public Distribution/Dissernination Date of Public Distribution/Dissernination Date of Public Distribution/Dissernination The obligation The obligation | Mailing Address 333 W NORTH AVE | | |
| CHICAGO IL 60610 Furpose of Expenditure MEDIA PLACEMENT Name of Foderal Candidate PAUL ANTHONY GOSAR Category/ President Support President Support President State Category/ Category/ Category/ Category/ Category/ Full Name of Poderal Candidate Paul Category/ Full Name of Payee Category/ Full Name of Payee Category/ Full Name of Payee Date of Public Distribution/Dissemination Mailing Address Amount City State Zip Code Date of Disbursement or Obligation Purpose of Expenditure Category/ Type Name of Federal Candidate Support Office Sought: Transaction ID : SE.4239 Date of Disbursement or Obligation President State AZ Disbursement For: Primary General Office Sought: House District: President Senate State: Category/ Type Name of Federal Candidate Support Office Sought: House District: President Senate State: Category/ Type Name of Federal Candidate Support Office Sought: House District: President Senate State: Category/ Type Name of Federal Candidate Disbursement For: Primary General Other (specity) A80.16 Disbursement For: Primary General Other (specity) A80.16 | # 122 | Amount | |
| Purpose of Expenditure MEDIA PLACEMENT Name of Federal Candidate PAUL ANTHONY GOSAR Calendar Year-To-Date Purpose of Expenditure Mailing Address City State Category/ Type Name of Federal Candidate Purpose of Expenditure Category/ Type Name of Federal Candidate Purpose of Expenditure Category/ Type Name of Payee Date of Disbursement For: Primary Ceneral City State Category/ Type Name of Federal Candidate Purpose of Expenditure Category/ Type Name of Federal Candidate Support Office Sought: House District: 04 President Senate State: AZ Disbursement For: Primary Ceneral City State Category/ Type Name of Federal Candidate Support Office Sought: House District: Oppose President Senate State: Date of Disbursement or Obligation Category/ Type Name of Federal Candidate Support Office Sought: House District: Oppose President Senate State: Oppose President Senate State: Calendar Year-To-Date Per Election for Office Sought Category/ Type Name of Federal Candidate Support Office Sought: House District: Oppose President Senate State: Oppose President Senate Senate Senate Senate Senate State: Oppose President Senate Senat | City State Zip Code | 480.16 | |
| MEDIA PLACEMENT Name of Federal Candidate | | | |
| PAUL ANTHONY GOSAR Calendar Year-To-Date President Senate State AZ | MEDIA DI ACEMENT | | |
| Calendar Year-To-Date Per Election for Office Sought Full Name of Payee Date of Public Distribution/Dissemination | Name of Federal Candidate Support Office | e Sought: X House District: 04 | |
| Per Election for Office Sought Pull Name of Payee | PAUL ANTHONY GOSAR Oppose | President Senate State: AZ | |
| Mailing Address Amount City State Zip Code Date of Disbursement or Obligation Purpose of Expenditure Category/ Type Name of Federal Candidate Support Oppose President Senate State: Calendar Year-To-Date Per Election for Office Sought Other (specify) (a) SUBTOTAL of Itemized Independent Expenditures | | | |
| Category/ Type Name of Federal Candidate Category/ Type Name of Federal Candidate Category/ Type Office Sought: House District: Oppose President Senate State: Calendar Year-To-Date Per Election for Office Sought Other (specify) (a) SUBTOTAL of Itemized Independent Expenditures. (b) SUBTOTAL of Unitemized Independent Expenditures. (c) TOTAL Independent Expenditures. Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | Full Name of Payee | | |
| Date of Disbursement or Obligation Purpose of Expenditure Category/ Type Name of Federal Candidate Support Office Sought: House District: Calendar Year-To-Date Per Election for Office Sought Disbursement For: Primary General Other (specify) (a) SUBTOTAL of Itemized Independent Expenditures (b) SUBTOTAL of Unitemized Independent Expenditures (c) TOTAL Independent Expenditures Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. | Mailing Address | Amount | |
| Purpose of Expenditure Category/ Type | City State Zip Code | | |
| Name of Federal Candidate Support Office Sought: House District: Oppose President Senate State: Calendar Year-To-Date Per Election for Office Sought Other (specify) ▶ (a) SUBTOTAL of Itemized Independent Expenditures | | Date of Disbursement or Obligation | |
| Oppose President Senate State: Calendar Year-To-Date Per Election for Office Sought Other (specify) ▶ (a) SUBTOTAL of Itemized Independent Expenditures | Category/ | M = M / D = D / Y = Y = Y | |
| Calendar Year-To-Date Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures | Name of Federal Candidate Support Office | e Sought: House District: | |
| (a) SUBTOTAL of Itemized Independent Expenditures | Oppose | President Senate State: | |
| (b) SUBTOTAL of Unitemized Independent Expenditures | Calcificati for to Bato | | |
| (c) TOTAL Independent Expenditures | (a) SUBTOTAL of Itemized Independent Expenditures | 480.16 | |
| Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. DANIEL FLYNN | (b) SUBTOTAL of Unitemized Independent Expenditures | | |
| with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. DANIEL FLYNN | (c) TOTAL Independent Expenditures | 480.16 | |
| [Electronically Filed] Date 08 24 2016 | with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political | | |
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